

| | | | | |
|------------------------------|--------------|-------------------------------------|---------------------|-------------------|
| Date: | Time: | INTERAGENCY INCIDENT WAYBILL | | Page ____ of ____ |
| Ship To: | | Shipped From: | | |
| Incident name: | | Driver's signature: | | |
| Incident number: | | Carrier/Driver name: | | |
| Accounting/Mgmt Code: | | Vehicle number: | Trlr number: | |
| Contact name: | | Pieces: | Weight: | |
| Contact phone: | | ETD: | ETA: | |

| HAZARDOUS MATERIALS DECLARATION | | | | |
|--|--------------|-----------------------|---------------|--|
| Proper Shipping Name | Hazard Class | Identification Number | Packing Group | Total Quantity Units / Gross weight |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and in the proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER: "National Interagency Support Caches"

| | |
|--------------------------------------|--|
| _____ Signature of Shipper | _____ 1-800-424-9300 _____ Emergency Response Phone Number |
|--------------------------------------|--|

| Item # | NFES # | Quantity | U/I | Item Description | Property Number / Remarks |
|--------------------------------|--------|----------|-----------------------|------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Received by (signature) | | | Position Title | | Date/Time |

This Page Intentionally Left Blank